

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NORTH CAROLINA
GREENVILLE DIVISION

IN RE:

CAH ACQUISITION COMPANY #1, LLC
d/b/a WASHINGTON COUNTY
HOSPITAL, *et al*¹,

Debtor.

Case No. 19-00730-5-JNC

Chapter 11

THOMAS W. WALDREP, JR., as Chapter
11 Trustee for CAH ACQUISITION
COMPANY #1, LLC d/b/a
WASHINGTON COUNTY HOSPITAL, *et al*,

Plaintiff,

Adv. Pro. No. _____

v.

BRIDGE FUNDING CAPITAL LLC,

Defendant.

**COMPLAINT FOR AVOIDANCE AND RECOVERY
OF PREFERENTIAL TRANSFERS, AVOIDANCE OF LIENS
AND AVOIDANCE OF FRAUDULENT TRANSFERS**

Plaintiff Thomas W. Waldrep, Jr., (the “Trustee”), in his capacity as the duly appointed Chapter 11 Trustee of the bankruptcy estates of CAH Acquisition Company #1, LLC, CAH Acquisition Company #2, LLC, CAH Acquisition Company #3, LLC, CAH Acquisition Company 6, LLC, CAH Acquisition Company 7, LLC, CAH Acquisition Company 12, LLC and CAH Acquisition Company 16, LLC (collectively, the “Debtors”), by and through his undersigned counsel, brings this Complaint against Bridge Funding Capital LLC (formerly known as GEL

¹ The Debtors in this case, along with each Debtor’s case number are: (i) CAH Acquisition Company #1, LLC, Case No. 19-00730-5-JNC; (ii) CAH Acquisition Company #2, LLC, Case No. 19-01230-5-JNC; (iii) CAH Acquisition Company #3, LLC, Case No. 19-01180-5-JNC; (iv) CAH Acquisition Company 6, LLC, Case No. 19-01300-5-JNC; (v) CAH Acquisition Company 7, LLC, Case No. 19-01298-5-JNC; (vi) CAH Acquisition Company 12, LLC, Case No. 19-01697-5-JNC; and (vii) CAH Acquisition Company 16, LLC, Case No. 19-01227-5-JNC.

Funding LLC) (“GEL”) to (i) avoid and recover certain preferential or invalid liens pursuant to Section 544 and preservation of the avoided liens pursuant to Section 551; (ii) avoid and recover certain post-petition transfers pursuant to Section 549; and (iii) avoid and recover certain fraudulent transfers pursuant to Section 548. In support of this action, the Trustee alleges and says as follows:

PARTIES

1. The Debtors filed their respective petitions for relief under Chapter 11 of the United States Bankruptcy Code from February 19, 2019 to April 1, 2019. Thomas W. Waldrep, Jr. has been appointed as Chapter 11 Trustee in each case.

2. Each Debtor owns and in some cases operates a for-profit, Critical Access Hospital located in North Carolina, Missouri, Oklahoma, or Kansas. The Debtors’ hospitals provided acute care, swing bed, emergency medicine, radiology, physical rehabilitation, laboratory, and related outpatient ancillary services.

3. Upon information and belief, the Debtors are currently owned by HMC/CAH Consolidated, Inc. (“HMC”) (20% interest) and Health Acquisition Company, LLC (“HAC,” and together with HMC, the “Owners”) (80% interest).

4. Upon information and belief, the Owners are or were in the business of acquiring and operating a system of acute care hospitals located in rural communities that are certified by The Centers for Medicare and Medicaid Services (“CMS”) as Critical Access Hospitals.

5. Upon information and belief, the Owners own and/or operate rural hospitals in several states, including Kansas, North Carolina, Missouri, Tennessee, and Oklahoma.

6. Each of the Debtors is a limited liability company organized under the laws of the State of Delaware.

7. Upon information and belief, GEL is a limited liability company organized and operating under the laws of the State of New York.

8. Upon information and belief, on or about March 19, 2019 GEL changed its name from “GEL Funding LLC” to “Bridge Funding Capital LLC”.

JURISDICTION & VENUE

9. This adversary proceeding arises in and relates to the bankruptcy case of the above-captioned Debtors under the above-referenced bankruptcy case numbers.

10. This is an adversary proceeding brought by the Trustee seeking to avoid and recover, for the benefit of the Debtors’ estates, certain preferential or invalid liens pursuant to Section 544. It also seeks to preserve the avoided liens pursuant to Section 551, avoid and recover certain post-petition transfers pursuant to Section 549, and avoid and recover certain fraudulent transfers pursuant to Section 548.

11. This Court has jurisdiction over this adversary proceeding pursuant to 28 U.S.C. §§ 157(a) and 1334(b).

12. Venue is proper in this Court pursuant to 28 U.S.C. §§ 1408 and 1409.

13. The claims in this adversary proceeding are core proceedings pursuant to 28 U.S.C. § 157(b)(2). This Court may constitutionally enter final orders on these causes of action. See Stern v. Marshall, 131 S. Ct. 2594, 180 L. Ed. 2d 475 (2011). To the extent that the Court determines that any claim made herein is a non-core proceeding and/or to the extent that the Court determines that, pursuant to Stern, it may not enter final orders with respect to any such claim, the Trustee consents to the entry of a final order by the Court on any such claim. See Wellness Int’l Network, Ltd., v. Sharif, 135 S. Ct. 1932, 1944-45, 1948 (2015) (“[W]e conclude that allowing bankruptcy

litigants to waive the right to Article III adjudication of Stern claims does not usurp the constitutional prerogatives of Article III courts.”).

GENERAL ALLEGATIONS

14. Upon information and belief, GEL is a merchant cash advance (“MCA”) lender that provides short-term financing to businesses.

15. Upon information and belief, an MCA arrangement involves a debtor receiving short-term capital from a lender in exchange for future repayment, with interest, until the MCA lender is paid in full.

16. Though styled as a “sale” of future receivables, MCA transactions bear many of the hallmarks of disguised loans. See In re A Goodnight Sleepstore, Inc., Case No. 17-03274-5-JNC, Adv. No. 17-00056-5-JNC, 2019 WL 342577, at *5 (Bankr. E.D.N.C. Jan. 25, 2019).

17. Upon information and belief, the Debtors and GEL entered into an agreement for the purchase of future receivables (the “MCA Agreement”). Since GEL has not filed a proof of claim in any case, the Debtors do not have a copy of the MCA Agreement.

18. Upon information and belief, GEL advanced funds pursuant to the MCA Agreement but not to any of the Debtors.

19. Upon information and belief, the Debtors agreed to pledge certain personal property of the Debtors as collateral for the MCA Agreement.

20. To secure the MCA Agreement, GEL filed a UCC-1 Financing Statement against the Debtors, HAC, Dequeen Medical Center, Inc., Empower H.I.S, LLC, Advanced Physician Billing, Inc., IBEJI Staffing Corp., MEDX Group, Corp., Wellstar Health, LLC, The RADS Group, LLC, CAH Acquisition Company #4, Inc., CAH Acquisition Company #5, LLC, and CAH Acquisition Company 11, LLC in Delaware on March 1, 2019 (the “GEL UCC”). A true and

accurate copy of the GEL UCC is attached hereto as Exhibit “A”.

21. As of the date of this filing, GEL has not filed a proof of claim in any of the Debtors’ bankruptcy cases.

FIRST CLAIM FOR RELIEF

Avoidance of Preferential Transfers – 11 U.S.C. § 547 and 11 U.S.C. § 544
(As to all Plaintiffs other than CAH Acquisition Company #1, LLC)

22. The Trustee repeats and re-alleges each and every allegation set forth above as if fully set forth herein in their entirety.

23. Upon information and belief, the GEL UCC was made to or for the benefit of GEL.

24. The GEL UCC was filed in the state of Delaware within the preference period of each Debtor other than CAH Acquisition Company #1, LLC.

25. Upon information and belief, the filing of the GEL UCC was made for or on account of one or more antecedent debts alleged to be owed by the Debtors to GEL before the transfer was made.

26. Upon information and belief, GEL was a creditor of each Debtor at the time of filing of the GEL UCC.

27. Upon information and belief, the filing of the GEL UCC occurred while the Debtors were insolvent.

28. Upon information and belief, by reason of the GEL UCC, GEL would receive more in this bankruptcy case than GEL would receive if: (a) the Debtors’ cases were filed under Chapter 7 of the Bankruptcy Code; (b) the GEL UCC had not been filed; and (c) GEL received payment of its debts to the extent provided by the provisions of the Bankruptcy Code.

29. The GEL UCC is avoidable as a preference under § 547(b) of the United States Bankruptcy Code as to all Plaintiffs other than CAH Acquisition Company #1, LLC.

30. The Trustee is entitled to an order and judgment against GEL avoiding the GEL UCC as to all Plaintiffs other than CAH Acquisition Company #1, LLC pursuant to 11 U.S.C. § 547.

31. The Trustee is entitled to an order and judgment determining that GEL does not have a perfected security interest against any of the Debtors by virtue of the GEL UCC.

SECOND CLAIM FOR RELIEF

Avoidance of Unauthorized Post-Petition Transfers—11 U.S.C. § 549
(As to CAH Acquisition Company #1, LLC)

32. The Trustee repeats and re-alleges each and every allegation set forth above as if fully set forth herein in their entirety.

33. CAH Acquisition Company #1, LLC filed its Chapter 11 bankruptcy on February 19, 2019.

34. As shown on Exhibit “A”, GEL filed the GEL UCC against the Debtors in Delaware on March 1, 2019.

35. The filing of the GEL UCC was made post-petition relative to CAH Acquisition Company #1, LLC on account of an allegedly pre-existing obligation of CAH Acquisition Company #1, LLC to GEL.

36. The Trustee may avoid the filing of the GEL UCC pursuant to 11 U.S.C. § 549(a).

THIRD CLAIM FOR RELIEF

Fraudulent Transfer Pursuant to 11 U.S.C. § 548

37. The Trustee repeats and re-alleges each and every allegation set forth above as if fully set forth herein in their entirety.

38. In his review of the Debtors’ financial documents thus far, the Trustee has been unable to identify any short-term capital funds or loans received by any of the Debtors from GEL.

39. Upon information and belief, any funding from GEL may have been remitted directly to the control and benefit of a non-debtor entity such as HAC.

40. Based on the foregoing, the GEL UCC appears to be a fraudulent transfer since the Debtors received no consideration and the transfer was made within two (2) years of the respective petition dates while each Debtor was insolvent.

41. To the extent that the GEL UCC is a fraudulent transfer it is avoidable pursuant to 11 U.S.C. § 548.

FOURTH CLAIM FOR RELIEF

For Preservation of Avoided Liens – 11 U.S.C. § 551

42. Trustee repeats and re-alleges each and every allegation set forth above as if fully set forth herein in their entirety.

43. As set forth hereinabove, the GEL UCC is avoidable pursuant to 11 U.S.C. § 544(a), 11 U.S.C. § 547, 11 U.S.C. § 548 and/or 11 U.S.C. § 549(a).

44. Pursuant to 11 U.S.C. § 551, to the extent said transfer is avoidable under 11 U.S.C. § 544, 11 U.S.C. § 547, 11 U.S.C. § 548 and/or 11 U.S.C. § 549(a), said transfer is preserved for the benefit of the estates.

WHEREFORE, the Trustee respectfully prays the Court grant the following relief and enter a judgment against GEL as follows:

A. Declaring that the GEL UCC is avoidable as to all Plaintiffs other than CAH Acquisition Company #1, LLC as a preferential transfer pursuant to 11 U.S.C. § 547(b) and avoidable pursuant to 11 U.S.C. § 544(a);

B. Declaring that the GEL UCC is avoidable as a post-petition transfer pursuant to 11 U.S.C. § 549 as to CAH Acquisition Company #1, LLC;

C. Declaring that the GEL UCC is a fraudulent transfer and is avoidable under 11 U.S.C. § 548;

D. Declaring that, to the extent the GEL UCC is avoidable under 11 U.S.C. § 544, 11 U.S.C. § 547, 11 U.S.C. § 548 and/or 11 U.S.C. § 549(a), said transfer is preserved for benefit of the estates pursuant to 11 U.S.C. § 551; and

E. Granting such other and further relief as it deems just and proper.

Respectfully submitted, this the 22nd day of October, 2019.

WALDREP LLP

/s/ James C. Lanik

Thomas W. Waldrep, Jr. (NC State Bar No. 11135)
James C. Lanik (NC State Bar No. 30454)
Jennifer B. Lyday (NC State Bar No. 39871)
Francisco T. Morales (NC State Bar No. 43079)
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Email: notice@waldrepllp.com

- and -

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redwine@hendrenmalone.com
bwaller@hendrenmalone.com

Attorneys for the Trustee

EXHIBIT

tabbies

A

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 800-858-5294
B. E-MAIL CONTACT AT FILER (optional) FILINGDEPT@CSCINFO.COM
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 801 ADLAI STEVENSON DR [150093568] SPRINGFIELD, IL 62703 VS

Delaware Department of State
U.C.C. Filing Section
Filed: 02:18 PM 03/01/2019
U.C.C. Initial Filing No: 2019 1453484

Service Request No: 20191672220

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME HEALTH ACQUISITION COMPANY, LLC	OR		
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 13595 SW 134TH AVE, #209	CITY MIAMI	STATE FL	POSTAL CODE 33186
			COUNTRY US

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME	OR		
2b. INDIVIDUAL'S SURNAME TERRE	FIRST PERSONAL NAME JORGE	ADDITIONAL NAME(S)/INITIAL(S) ALBERTO	SUFFIX
2c. MAILING ADDRESS 8770 SW 72ND ST #412	CITY MIAMI	STATE FL	POSTAL CODE 33173
			COUNTRY US

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME GEL FUNDING LLC	OR		
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 5308 13TH AVE STE 324	CITY BROOKLYN	STATE NY	POSTAL CODE 11219
			COUNTRY US

4. COLLATERAL: This financing statement covers the following collateral:

Receivables- All Assets now owned or hereafter acquired and wherever located, including but not limited to, the following subcategories of assets: a. Accounts, including but not limited to, credit card receivables; b. Chattel Paper; c. Inventory; d. Equipment; e. Instruments, including but not limited to, Promissory Notes; f. Investment Property; g. Documents; h. Deposit Accounts; i. Letter of Credit Rights; j. General Intangibles; k. Supporting Obligations; and l. Letter of Credit Rights; j. General Intangibles; k. Supporting Obligations; and l. Proceeds and Products of the foregoing. NOTICE PURSUANT TO AN AGREEMENT BETWEEN DEBTOR AND SECURED PARTY, DEBTOR HAS AGREED NOT TO FURTHER ENCUMBER THE COLLATERAL DESCRIBED HEREIN. THE FURTHER ENCUMBERING OF WHICH MAY CONSTITUTE THE TORTIOUS INTERFERENCE WITH THE SECURED PARTY'S RIGHT BY SUCH ENCUMBRANCES IN THE EVENT THAT ANY ENTITY IS GRANTED A SECURITY INTEREST IN DEBTOR'S ACCOUNTS, CHATTEL PAPER OR GENERAL INTANGIBLES CONTRARY TO THE ABOVE, THE SECURED PARTY ASSERTS A CLAIM TO ANY PROCEEDS THEREOF RECEIVED BY SUCH ENTITY.

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmuting Utility

6b. Check only if applicable and check only one box:

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA:

International Association of Commercial Administrators

UCC FINANCING STATEMENT ADDITIONAL PARTY**FOLLOW INSTRUCTIONS**

18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because individual Debtor name did not fit, check here ☐

18a. ORGANIZATION'S NAME HEALTH ACQUISITION COMPANY, LLC	
OR	
18b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

19a. ORGANIZATION'S NAME CAN ACQUISITION COMPANY 4 INC			
OR			
19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS 610 WEST TRUCK BYPASS		CITY DUMFRIES	STATE OK
		POSTAL CODE 74030	COUNTRY US

20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

20a. ORGANIZATION'S NAME CAN ACQUISITION COMPANY 16 LLC			
OR			
20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS 401 NW H STREET		CITY STIGLER	STATE OK
		POSTAL CODE 74452	COUNTRY US

21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

21a. ORGANIZATION'S NAME CAN ACQUISITION COMPANY #3, LLC			
OR			
21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS 240 W. 18TH STREET		CITY BORTON	STATE KS
		POSTAL CODE 66439	COUNTRY US

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

22a. ORGANIZATION'S NAME			
OR			
22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS		CITY	STATE
		POSTAL CODE	COUNTRY

23. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

23a. ORGANIZATION'S NAME			
OR			
23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS		CITY	STATE
		POSTAL CODE	COUNTRY

24. MISCELLANEOUS:

UCC FINANCING STATEMENT ADDITIONAL PARTY**FOLLOW INSTRUCTIONS****18. NAME OF FIRST DEBTOR:** Same as line 1a or 1b on Financing Statement; if line 1b was left blank because individual Debtor name did not fit, check here ☐

18a. ORGANIZATION'S NAME

HEALTH ACQUISITION COMPANY, LLC

OR

18b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY**19. ADDITIONAL DEBTOR'S NAME:** Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

19a. ORGANIZATION'S NAME

CAN ACQUISITION COMPANY 7, LLC

OR

19b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

19c. MAILING ADDRESS

401 NW E STREET

CITY

STIGLER

STATE

OK

POSTAL CODE

74452

COUNTRY

US

20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

20a. ORGANIZATION'S NAME

CAN ACQUISITION COMPANY 11, LLC

OR

20b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

20c. MAILING ADDRESS

326 ASHURY AVE

CITY

RIELEY

STATE

TN

POSTAL CODE

38063-5877

COUNTRY

US

21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

21a. ORGANIZATION'S NAME

CAN ACQUISITION COMPANY 12, LLC

OR

21b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

21c. MAILING ADDRESS

TAFT AVENUE AND HIGHWAY 18

CITY

FAIRFAX

STATE

OK

POSTAL CODE

74637

COUNTRY

US

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

22a. ORGANIZATION'S NAME

OR

22b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

22c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

23. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

23a. ORGANIZATION'S NAME

OR

23b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

23c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

24. MISCELLANEOUS:

UCC FINANCING STATEMENT ADDITIONAL PARTY**FOLLOW INSTRUCTIONS**

18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fill, check here ☐

18a. ORGANIZATION'S NAME HEALTH ACQUISITION COMPANY, LLC	
OR	
18b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

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19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

19a. ORGANIZATION'S NAME CAN ACQUISITION COMPANY #5, LLC			
OR			
19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS 701 SOUTH MAIN ST		CITY HILLSBORO	STATE KS
		POSTAL CODE 67063	COUNTRY US

20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

20a. ORGANIZATION'S NAME CAN ACQUISITION COMPANY 5 LLC			
OR			
20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS 206 S COUNTY RD		CITY ALMA	STATE MT
		POSTAL CODE 54001	COUNTRY US

21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

21a. ORGANIZATION'S NAME CAN ACQUISITION COMPANY 1 LLC			
OR			
21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS 1100 MAIN ST STE 2350		CITY KANSAS CITY	STATE MO
		POSTAL CODE 64108	COUNTRY US

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

22a. ORGANIZATION'S NAME			
OR			
22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS		CITY	STATE
		POSTAL CODE	COUNTRY

23. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

23a. ORGANIZATION'S NAME			
OR			
23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS		CITY	STATE
		POSTAL CODE	COUNTRY

24. MISCELLANEOUS:

UCC FINANCING STATEMENT ADDITIONAL PARTY

FOLLOW INSTRUCTIONS

18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here ☐

18a. ORGANIZATION'S NAME

HEALTH ACQUISITION COMPANY, LLC

OR

18b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

19a. ORGANIZATION'S NAME

CAH ACQUISITION COMPANY 2 LLC

OR

19b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

19c. MAILING ADDRESS

1100 MAIN ST STE 2350

CITY

KANSAS CITY

STATE

MO

POSTAL CODE

64105

COUNTRY

US

20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

20a. ORGANIZATION'S NAME

DE QUEN MEDICAL CENTER, INC.

OR

20b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

20c. MAILING ADDRESS

1306 W COLLIN RAYE DR

CITY

DE QUEN

STATE

AR

POSTAL CODE

71832

COUNTRY

US

21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

21a. ORGANIZATION'S NAME

EMPOWER H.I.B. LLC

OR

21b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

21c. MAILING ADDRESS

8770 SW 72 ST 489

CITY

MIAMI

STATE

FL

POSTAL CODE

33173

COUNTRY

US

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

22a. ORGANIZATION'S NAME

OR

22b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

22c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

23. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

23a. ORGANIZATION'S NAME

OR

23b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

23c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

24. MISCELLANEOUS:

UCC FINANCING STATEMENT ADDITIONAL PARTY

FOLLOW INSTRUCTIONS

18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; If line 1b was left blank because individual Debtor name did not fit, check here ☐

18a. ORGANIZATION'S NAME HEALTH ACQUISITION COMPANY, LLC	
OR	
18b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

19a. ORGANIZATION'S NAME ADVANCED PHYSICIAN BILLING INC			
OR			
19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS 12600 SW 120TH ST STE 115		CITY MIAMI	STATE FL
		POSTAL CODE 33186	COUNTRY US

20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

20a. ORGANIZATION'S NAME IBSJI STAFFING CORP			
OR			
20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS 9838 SW 72 ST #209		CITY MIAMI	STATE FL
		POSTAL CODE 33173	COUNTRY US

21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

21a. ORGANIZATION'S NAME MEDX GROUP CORP			
OR			
21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS 8770 SW 72 ST 459		CITY MIAMI	STATE FL
		POSTAL CODE 33173	COUNTRY US

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

22a. ORGANIZATION'S NAME			
OR			
22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS		CITY	STATE
		POSTAL CODE	COUNTRY

23. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

23a. ORGANIZATION'S NAME			
OR			
23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS		CITY	STATE
		POSTAL CODE	COUNTRY

24. MISCELLANEOUS:

UCC FINANCING STATEMENT ADDITIONAL PARTY**FOLLOW INSTRUCTIONS**

18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because individual Debtor name did not fit, check here ☐

18a. ORGANIZATION'S NAME HEALTH ACQUISITION COMPANY, LLC	
OR	
18b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

19a. ORGANIZATION'S NAME WELLSTAR HEALTH LLC			
OR			
19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS 8770 SW 72 STE STE 459		CITY MIAMI	STATE FL
		POSTAL CODE 33173	COUNTRY US

20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

20a. ORGANIZATION'S NAME THE RADIS GROUP, INC.			
OR			
20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS 12600 SW 120TH STREET 115		CITY MIAMI	STATE FL
		POSTAL CODE 33186	COUNTRY US

21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

21a. ORGANIZATION'S NAME			
OR			
21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS		CITY	STATE
		POSTAL CODE	COUNTRY

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

22a. ORGANIZATION'S NAME			
OR			
22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS		CITY	STATE
		POSTAL CODE	COUNTRY

23. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

23a. ORGANIZATION'S NAME			
OR			
23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS		CITY	STATE
		POSTAL CODE	COUNTRY

24. MISCELLANEOUS: